

Initial Claims Worksheet Do Not Submit

Last Name: _____, First Name: _____

Address: c/o _____

Street: _____

City: _____, State: ____ Zipcode: _____

Telephone Number: (____) _____ - _____

5. Sex: Male/Female

Marital Status: Single, Married, Divorced Separated, Widowed

7. Number of Dependents: ____

Years of Education: ____

9. Birthdate: ____ / ____ / ____

I certify under penalty of perjury that I am a citizen or national of the U.S: Y/N

a. If no, I am in satisfactory immigration status: Y/N b. Alien Registration Number: A - _____

c. Place of Birth: _____

Are you required to make or do you owe child support payments: Y/N a. If yes, where (State): _____

Work Record: All employment, full-time or part-time, for the past 18 months beginning with current or most recent employment including federal, civilian, military, and out-of-State employment.

Employer Name: _____

Ph. No: (____) _____ - _____

Address: _____

Place Employed: _____

City: _____, State: ____ Zipcode: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Type of work: _____

Separation Reason: _____

Employer Name: _____

Ph. No: (____) _____ - _____

Address: _____

Place Employed: _____

City: _____, State: ____ Zipcode: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Type of work: _____

Separation Reason: _____

Employer Name: _____

Ph. No: (____) _____ - _____

Address: _____

Place Employed: _____

City: _____, State: ____ Zipcode: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Type of work: _____

Separation Reason: _____

Were you a director, owner, or shareholder of a business or corporation within the past 18 months? Y/N

Are you receiving or have you applied for Social Security Old-age benefits, Pension, Workers Compensation, Disability, or TDI benefits? Y/N

If yes, monthly amount of: a. Social security old-age benefits: \$ _____ b. Pension: \$ _____

c. Workers Compensation: \$ _____ d. Disability: \$ _____ e. TDI Benefits: \$ _____

Have you claimed, received, or applied for unemployment benefits in the past year? Y/N

a. If yes, date: ____ / ____ / ____ b. State: ____

Are you handicapped as defined in Section 504 of the Rehabilitation Act of 1973? Y/N

(A person is handicapped if he or she has a physical or mental impairment that substantially limits one or more major life activities; has a record of impairment; or is regarded as having such impairment.)

ELIGIBILITY REVIEW QUESTIONNAIRE WORKSHEET DO NOT SUBMITIs there any reason you could not accept full-time work?..... Yes ☐ No ☐

a. If Yes, explain reason: _____

Will you be referred to your next job by a union? Yes ☐ No ☐a. If Yes, are you registered and in good standing? Yes ☐ No ☐

b. If in good standing, Union Name:..... _____

c. Local Number:..... _____

Were you offered work since you became unemployed? Yes ☐ No ☐

a. If Yes, provide the employer name and results: _____

Are you self-employed or in business of any kind? Yes ☐ No ☐

a. If Yes, explain: _____

Do you attend or plan to attend school? Yes ☐ No ☐

a. If Yes, please explain: _____

b. Have you received or applied for educational assistance:..... Yes ☐ No ☐

c. If Yes, please explain: _____

Do you have any minor children, elderly or sick people who require your care? Yes ☐ No ☐

If yes, please provide the following:

a. Caretaker Name: _____

b. Caretaker phone number: _____

What type of work did you perform on your last job?..... _____

a. How long did you work at this job?..... _____

b. What days of the week did you work? ☐Sun ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat

c. What hours did you work? _____

d. What was your rate of pay? _____

What other types of work did you do? _____

a. How long did you work in this capacity? _____

What type of work are you looking for now? _____

a. What is the lowest pay you will accept?: ☐Same or less than 9d ☐Higher than 9db. What days of the week are you willing to work? ☐Sun ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri ☐Sat

c. What hours are you able to work? _____

d. What geographical area are you willing to work? _____

e. What means of transportation do you have to get to work? _____

What do you feel has been your major problem in finding a job? _____

Have you applied for or received the following benefits:

a. Social Security Amount per month _____

b. Pension Amount per month _____

c. Worker's Compensation Amount per month _____

d. Disability Benefits Amount per month _____

Are you required to make or do you owe child support payments? ☐Yes ☐No If Yes, where? _____Were you a director, officer, owner or shareholder of a business or corporation within the past 15 months? ☐Yes ☐No, If yes, name of business _____Have you worked for an educational institution employer within the past 18 months? ☐Yes ☐NoIf yes, are you filing due to a scheduled school break? ☐Yes ☐NoAre you a professional athlete currently between two consecutive sport seasons? ☐Yes ☐No